UNITED STATES DISTRICT COURTISTRICT OF NEBRAS	RT
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for the

2018 DEC 26 AM 8: 43

District of Nebraska

OFFICE OF THE CLERK

Division

Ryan Elliot Fehderau	Case No. 8:18CV591  (to be filled in by the Clerk's Office)
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No
-V-	<i>)</i> )
	) )
Catholic Health Initiatives	)
Defendant(s)	) )
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please	, )
write "see attached" in the space and attach an additional page with the full list of names.)	)

# COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE (28 U.S.C. § 1332; Diversity of Citizenship)

# I. The Parties to This Complaint

# A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Ryan Elliot Fehderau
Street Address	16415 Saratoga St
City and County	Omaha Douglas
State and Zip Code	Nebraska 68116
Telephone Number	4027092046
E-mail Address	rfehderau@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

# 8:18-cv-00591-RGK-PRSE Doc # 1 Filed: 12/26/18 Page 2 of 5 - Page ID # 2

Pro Se 5 (Rev. 12/16) Complaint for a Civil Case Alleging Negligence

Defendant No. 1	
Name	Catholic Health Initiatives
Job or Title (if known)	
Street Address	415 S 25 <sup>th</sup> Ave
City and County	Omaha Douglas
State and Zip Code	Nebraska 68131
Telephone Number	4027175300
E-mail Address (if known)	
DeCadadN- 2	
Defendant No. 2	
Name	
Job or Title (if known) Street Address	
City and County State and Zip Code	
Telephone Number	
E-mail Address (if known)	
L-man Address (ij Mown)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

The Plaintiff(s)

#### II. Basis for Jurisdiction

A.

B.

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

	The plaintiff, (name) Ryan Elliot Fe	ehderau	, is a citizen of the
	State of (name) Nebraska		
2.	If the plaintiff is a corporation		
	The plaintiff, (name)		, is incorporated
	under the laws of the State of (name)		
	and has its principal place of business i	in the State of (name)	
		•	
	1	plaint, attach an additi	onal page providing the
	nore than one plaintiff is named in the comp e information for each additional plaintiff.)		
same			
same	e information for each additional plaintiff.)		
same The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual  The defendant (seems)		, is a citizen of
same The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual  The defendant, (name)		0-:4:6
same The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual  The defendant, (name)		0-:4:6
The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual  The defendant, (name)  the State of (name)  (foreign nation)		0-:4:6
same The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual  The defendant, (name) the State of (name) (foreign nation)  If the defendant is a corporation		. Or is a citizen of
The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual The defendant, (name) the State of (name) (foreign nation)  If the defendant is a corporation The defendant, (name) Catholic Healt	th Initiatives	. Or is a citizen of
The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual The defendant, (name) the State of (name) (foreign nation)  If the defendant is a corporation The defendant, (name) Catholic Healt the laws of the State of (name) Nebras	th Initiatives	. Or is a citizen of  , is incorporated under , and has its
The	e information for each additional plaintiff.)  Defendant(s)  If the defendant is an individual The defendant, (name) the State of (name) (foreign nation)  If the defendant is a corporation The defendant, (name) Catholic Healt	th Initiatives ska of (name) Nebra	. Or is a citizen of  , is incorporated under , and has its

# C. The Amount in Controversy

same information for each additional defendant.)

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

10,000,000 dollars. Assault

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 05/01/2018, at (place) Lasting Hope Recovery Center

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (describe the acts or failures to act and why they were negligent)

Felony false imprisonment.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (explain) Omission supervision.

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Punitive 10 million dollars

## V. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	12/25/2018
Signature of Plaintiff Printed Name of Plaintiff	Ryan Elliot Fehdlerau
For Attorneys	
Date of signing:	
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	